DEPARTMENT OF DEFENSE (DOD) PUBLIC KEY INFRASTRUCTURE (PKI)
REGISTRATION OFFICIAL CERTIFICATE OF ACCEPTANCE AND ACKNOWLEDGEMENT OF RESPONSIBILITIES

1. CERTIFICATE ACCEPTED BY:

a. NAME *(Typed or printed) (Last, First, Middle Initial)*		**b. SSN** _ _	
c. ORGANIZATION	**d. TELEPHONE NUMBER** *(Include Area Code)*	**e. E-MAIL ADDRESS**	
f. IDENTIFICATION TYPE 1	**g. IDENTIFICATION NUMBER**	**h. IDENTIFICATION TYPE 2**	**i. IDENTIFICATION NUMBER**
j. SIGNATURE			**k. DATE SIGNED** *(YYYYMMMDD)*

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 133 and E.O. 9397.

PRINCIPAL PURPOSE(S): Collection of social security numbers and other personal identifiers is used to ensure positive identification of you as the signatory to this form.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DOD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The "Blanket Routine Uses" set forth at the beginning of OSD's compilation of systems of records notices apply to this system. The Federal, State agencies and private entities, as necessary, on matters relating to securing information during the conduct of official business, utilization review, professional quality assurance, program integrity, civil and criminal litigation, and access to Federal government facilities, computer systems networks, and controlled areas.

DISCLOSURE: Voluntary; however, failure to provide this information may result in denial of issuance of a PKI token.

You have been authorized to receive one or more private and public key pairs and associated certificates. A private key enables you to digitally sign documents and messages and identify yourself to gain access to information systems. Another private key permits you to decrypt data such as encrypted messages. People and electronic systems within the DoD will use your public key(s) to verify your digital signature or to verify your identity when you attempt to authenticate to systems, or to encrypt data sent to you. The certificate(s) and private key(s) will be issued on a token, for example a Common Access Card (CAC), another smart card, or a floppy disk. The certificate(s) and private key(s) on your token are government property and may be used for official purposes only.

Acknowledgement of Responsibilities: I acknowledge receiving my token and will comply with the following obligations:

- I have been provided training on how to perform my job function using my workstation;
- I will conduct my job functions in accordance with the applicable Certification Practices Statement (CPS);
- I will use my certificate(s) and private key(s) for official purposes only;
- I will comply with the CPS for selecting a Personal Identification Number (PIN);
- I will not disclose my PIN to anyone, will not leave it where it might be observed, and will not write it on the token itself;
- I understand that if I receive a key management (encryption/decryption) key pair on my token, copies of the decryption keys have been provided to the Key Recovery Agent (KRA) in case they need to be recovered; and
- I will report any compromise (e.g., loss, suspected or known unauthorized use, misplacement, etc.) of my PIN or token to my supervisor, security officer, Certification Authority (CA), Registration Authority (RA), Local Registration Authority (LRA), or Verifying Official (VO), immediately.

Liability: I will have no claim against the DoD arising from use of the certificate(s) or a Certification Authority's (CA) determination to terminate or revoke a certificate. In no event will the DoD be liable for any losses, including direct or indirect, incidental, consequential, special, or punitive damages, arising out of or relating to any certificate issued by a DoD CA.

Governing Law: DoD Public Key Certificates shall be governed by the laws of the United States of America.

2. AUTHORIZED OFFICIAL PER CPS

I have personally verified the identity of the person above in accordance with the applicable CPS and have personally witnessed that person apply the signature.

a. NAME *(Typed or printed) (Last, First, Middle Initial)*	**b. ORGANIZATION**
c. TELEPHONE NUMBER *(Include Area Code)*	**d. E-MAIL ADDRESS**
e. SIGNATURE	**f. DATE SIGNED** *(YYYYMMMDD)*

DD FORM 2841 TEST, MAY 2001

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A copy of this form shall be provided to the Registration Official.